

**THE NCSRT, INC.**  
**Annual Conference \*\* Pre-Registration Form \*\* October 16 – 19, 2008**  
**Embassy Suites, Concord, NC 5400 John Q Hammons Drive, Concord, NC**  
**(Reservation group code is SRT) 1-704-455-8200 ONE CLASS HOUR = 1 CEU**

Name \_\_\_\_\_ NCSRT Membership # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

A.R.R.T. Registered: R.T. \_\_\_\_\_ *Indicate Registry* (CV) (N) (T) (M)

*Modality: (circle all that apply)* (MR) (R) (QM) (CT)

Other: \_\_\_\_\_ C.N.M.T. \_\_\_\_\_ R.D.M.S. \_\_\_\_\_ R.N. Student

Other(*specify*) \_\_\_\_\_ None \_\_\_\_\_

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**\*\*LIMITED SEATING\*\* Please pre-register early \*\* FAX 919-779-5642 \*\***

**PRE-REGISTRATION FEES per day:**

\*CURRENT MEMBER \$110.00

\*NON MEMBER \$220.00

\*STUDENT MEMBER \$ 55.00

\*STUDENT NON MEMBER \$110.00

**PLEASE CIRCLE DAYS ATTENDING:**

**Thursday (student bowl/golf only): (no CE session)**

**(NO cost for students participating in Thursday night student bowl)**

**Friday          Saturday          Sunday**

\_\_\_\_\_ Please check if you are a student and will be taking the Student Mock Exam Friday morning  
 (no extra charge to take exam – fee included in registration) **INFO NEEDED FOR HEADCOUNT**

**PLEASE CHECK IF FIRST TIME ATTENDING**

\_\_\_\_\_ Please check if you would like to reserve a spot for the **Golf Tournament** on Thursday (limited  
 Availability) \*\*\*\*\* Please include **\$75.00** fee with your pre-registration fee \*\*\*\*\*

***On-site registration is \$25.00 in addition to pre-registration rate. Pre-Registration Deadline is FRIDAY, OCTOBER 10, 2008. REGISTRATION FEE INCLUDES BREAKFAST, LUNCHEON AND BREAKS.***

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 Non-members may qualify for member registration rates if MEMBERSHIP APPLICATION and SEPARATE CHECK accompany this registration form. OUT OF STATE TECHNOLOGISTS MAY REGISTER UNDER THE STATUS OF THEIR STATE IF PROOF OF STATUS IS PROVIDED. CREDENTIALS WILL BE CHECKED. PROOF OF MEMBERSHIP IS REQUIRED AT THE MEETING REGISTRATION IF YOU DO NOT PRE-REGISTER. CEC/ECE CREDITS WILL BE AVAILABLE.  
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**Thursday through Sunday, October 16 – 19, 2008 Annual Conference**

**PLEASE MAKE CHECKS PAYABLE TO:**

**NCSRT, INC. RAINBOW SEMINARS, 605 Poole Drive, Garner, NC 27529**

**Credit Card Information:**                       **Visa**                                       **Master Card**

**Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Signature and billing address required if different from applicant.** \_\_\_\_\_

**NCSRT REFUND/CANCELLATION POLICY**

**The NCSRT, Inc. will refund 60% of payment received for any one day seminar or for the Annual Conference. Handling fee is 40%. Refund requests must be made in writing and post marked or emailed prior to any Published deadline date. Should a meeting be cancelled for any reason, the NCSRT, Inc. will refund the Full amount of meeting registration.**